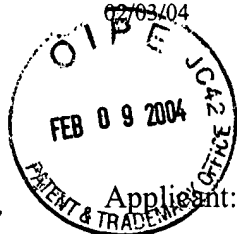


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Waleed H. Hassanein

Serial No.: 09/534,092

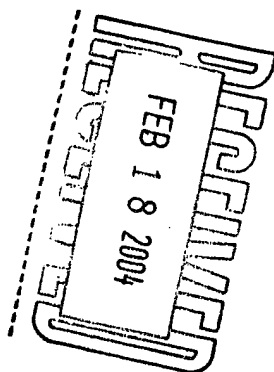
Group: 1651

Filed: March 23, 2000

Examiner: S. Saucier

Confirmation No.: 9125

For: COMPOSITIONS, METHODS AND DEVICES FOR MAINTAINING AN
ORGAN



CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
2/4/04	Christina MSweeney
Date	Signature
Christina MSweeney	
Typed or printed name of person signing certificate	

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02/10/2004 DTESSE1 00000082 09534092

01 FC:2401
02 FC:2253

165.00 OP
475.00 OP

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated August 4, 2003 of the Examiner finally rejecting claims 17, 18 and 21. The item checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 4, 2003 for three months from November 4, 2003 to February 4, 2004.
- ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
- ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 475
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 165
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 640

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5. The method of payment for the total fees is as follows:

FEB 12 2004

☒ A check in the amount of \$640 is enclosed.

TECH CENTER 1600/2900

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Richard W. Wagner

Richard W. Wagner

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Concord, MA 01742-9133

Date: February 4, 2004